

# South Central College

## PN Clinical Foundation 1 Evaluation

Please complete the following questions to help SCC improve clinical experiences and serve students more effectively. Instructors will not see individual surveys; they will be given compiled information. Read each statement below and fill in the response that most closely fits with your experience in this clinical.

**Course ID:**

**Instructor ID:**

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

**Use a dark blue or black pen, NOT PENCIL, to complete the evaluation. Please fill in the circles completely. Thank you for your feedback!**

**Semester:**

- Fall  
 Spring  
 Summer

**Instructor:** \_\_\_\_\_

**1. I had adequate opportunities to**

- a. Collect data and perform prescribed nursing interventions.
- b. Observe client conditions and report changes to the appropriate personnel.
- c. Provide basic cares safely to adult clients.
- d. Obtain vital signs with accuracy.
- e. Model professional behavior.
- f. Administer oral medications following the six rights.
- g. Recall and implement safety measures for each client.
- h. Demonstrate therapeutic communication with clients, families, and healthcare team.

Strongly Agree				Strongly Disagree		N/A
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>

**2. Please rate your clinical setting and instructor**

- a. The clinical setting offered adequate learning opportunities to meet the course goals
- b. The instructor was knowledgeable.
- c. The instructor was available to me.
- d. The instructor served as a positive professional role model.
- e. The instructor aided in my learning.
- f. The course was beneficial to my educational program at SCC.

Strongly Agree				Strongly Disagree		N/A
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>
6	5	4	3	2	1	<input type="radio"/>

**Comments or suggestions for improvement (use back if needed):**